

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



February 15, 1983

ALL-COUNTY INFORMATION NOTICE I-22-83

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED FORM CA 20, STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR  
ASSISTANCE (REDETERMINATION)  
REFERENCE: ACIN I-34-82

Attached is a copy of the revised CA 20 form used in the annual AFDC redetermination process and a list of all changes made to the form at this time.

The CA 20 was revised in order to accommodate regulation changes resulting from the Federal Omnibus Budget Reconciliation Act of 1981. In addition, suggestions and recommendations received since the form was implemented in 1979 were also considered and, where possible, incorporated as part of this revision. Input for the revision of this form was provided by ten counties, the California Welfare Fraud Investigators Association, and the County Forms Advisory Committee. This final version was developed with the assistance of the County Forms Advisory Committee.

Significant improvements made to this revision are:

- 1) Added the fraud statement to the coversheet, including boxes for the recipient and eligibility worker signatures.
- 2) Expanded and clarified the subsection on the coversheet titled "What You Have To Do". This new added language should help the recipient understand what is expected of him/her.
- 3) Added a statement at the beginning of the form explaining what the phrase "You or Your Family" means, and deleted "(. . . any member of your family for whom you are receiving aid)" from each of the questions. This will save space, make all questions more direct, and deletes redundant language.
- 4) Changed format and typeset to improve legibility and allow for more efficient completion of the form.

- 5) Redesigned the certification section and revised the language in order to highlight the importance of this section.

The CA 20 should not be used for initial eligibility determinations and its use at redetermination remains unchanged, i.e., not mandatory. If your county elects to use the CA 20 for redeterminations, the process should include a review of the last completed CA 2, all intervening CA 7s, and any other pertinent case record information.

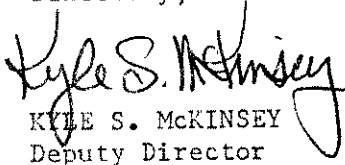
We suggest that current supplies of the CA 20 (3/79) be exhausted prior to using the new (12/82) version. You will be informed via the GEN 127 process when regular supplies of the CA 20 are available from the DSS Warehouse. Ordering of the CA 20 may be done by using the form GEN 727B county ordering procedure. Spanish translations of this form should be available within a month of the English.

As with all forms used in administration of the AFDC Program, the Program Systems Bureau maintains an open suggestion file for future revisions. If you have any suggestions or recommendations for improvement to this form, please submit them to:

AFDC Forms Coordinator  
AFDC Program Systems Bureau  
744 P Street, M.S. 16-31  
Sacramento, CA 95814

If you have any questions regarding the use of this form, contact your AFDC Program Management Consultant at (916) 445-4458.

Sincerely,

  
KYLE S. MCKINSEY  
Deputy Director

Attachment

cc: CWDA

FORM CA 20 CHANGES

DECEMBER 1982

COVERSHEET

1. Made minor word changes to the introductory paragraph.
2. Deleted the second paragraph from 3/79 revision and added similar language in #1 above.
3. Provided additional information about the redetermination process in the paragraph titled "WHAT YOU HAVE TO DO".
4. Relocated fraud statement from certification section and provided boxes for recipient and eligibility worker signatures.

RIGHTS SECTION

5. Reworded the second statement.

RESPONSIBILITIES SECTION

6. - Reworded the introductory paragraph.  
- Added two new examples of income to the first statement.  
- Reworded the sixth, seventh and ninth statements.
7. Reworded the paragraph immediately following the last responsibility.
8. Relocated the statement "If you don't cooperate . . . discontinued." to the introductory paragraph.

PAGE 1

- Added a statement explaining to recipients what the phrase "you or your family" means.

Item 1

- Added space for telephone number.

COUNTY USE COLUMN

- Added a box for noting the date the CA 20 was received.

Item 2 (NEW) - For noting address change.

Item 3A (Formerly Item 2)

- Deleted the phrase "include unborn children".
- Deleted the "other adult" and "unborn child" boxes.

## COUNTY USE COLUMN

- Added boxes for the EW to check if birth certificate/social security numbers are on file.
- Added a check box to indicate if a CA 22 (Alien Sponsor's Statement) needs to be completed.

Item 3B (Formerly 3)

Item 3C (NEW) - to determine status of someone receiving aid because of pregnancy.

## COUNTY USE COLUMN

- Added a box as a reminder to make the WIC referral, if appropriate.
- Added a box to indicate if the special need payment being allowed because of pregnancy is to continue.
- Added a box to indicate that the pregnancy verification is already on file.

Item 4

- Reworded statement and deleted two lines.

## COUNTY USE COLUMN

- Deleted reference to CA 2.2 (Stepfather Questionnaire).

Item 6

- Added three new examples: "Social Security", "Loans" and "Grants".

Item 7

- Redesignated the section and rearranged data items.

Item 8

- Deleted two lines.
- Removed the phrase "or other resources which . . . into cash" and replaced with "etc".

PAGE 2

Item 9

- Redesignated section and reworded question.

## COUNTY USE COLUMN

- Added language regarding completion of the HRB 2 Health Care Questionnaire, if appropriate.

## Item 10

- Redesigned section and reworded question.

## Item 11

- Added the phrase "If yes, list . . . tools, etc.".
- Added the phrase "Do not list . . . household furniture.".
- Deleted three lines.

## Item 12A (NEW)

## Item 12B (Formerly Item 12)

- Reworded the question and redesigned the section.

## Item 13A (Formerly Item 13)

- Reworded the phrase "Complete the following . . .".
- Made minor word changes to the question.

## Item 13B (Formerly Item 13)

- Reworded the question.

CERTIFICATION SECTION

- Moved the fraud statement to the Coversheet.
- Added a statement acknowledging full understanding of the content of the Coversheet.
- Reworded the statement "After answering all questions . . ." to "you and your aided spouse . . .".

SIGNATURE SECTION

- Added separate perjury statement for each signature.
- Rearranged order of data items.

## COUNTY USE COLUMN

- Added a Redetermination Summary checklist to assist workers.
- Added a box to note when the Redetermination was completed.

## The yearly review of your AFDC eligibility is now due.

### Reason for Yearly Review (Redetermination)

The welfare department is required to completely redetermine your eligibility (review all items of eligibility in your case record) for AFDC at least once every 12 months. This redetermination assures that eligibility still exists and that you are receiving the correct grant. If you do not cooperate in the redetermination process, your case may be discontinued.

### Your Rights as an AFDC Recipient

- To discuss any action regarding your case with the welfare department any time you are dissatisfied.
- To be notified in writing, usually at least 10 days before the effective date of reduction, discontinuance or change in your grant.
- To request a state hearing if you are dissatisfied with any action of the welfare department.
- To have your records kept confidential by the welfare department.
- To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, handicap or age.
- To be treated with courtesy, consideration and respect.
- To receive aid without interruption when you move from one county to another if you remain eligible.

### Your Responsibilities as an AFDC Recipient

You must report the following kinds of changes to the county welfare department within 5 days of occurrence and on your Monthly Eligibility Report (CA 7). Be sure to report when:

- You receive money from work, relatives, social security, unemployment, disability or veterans' benefits, tax refunds or any other source.
- You begin or stop work or training.
- You begin to receive free rent or utilities where you live.
- Your income increases, decreases or stops.
- You receive or dispose of real or personal property, including purchase or sale of homes, vehicles, etc.
- Your child(ren) age 16, 17 or 18 begins or drops out of school or training.
- You or your spouse terminate a pregnancy for which you are receiving benefits.
- Someone, including your children, moves into or out of your home.
- You move to another address, you visit or intend to visit outside the county or state for more than 30 days.
- You get married, become separated or divorced.
- You reunite with your spouse or the absent parent returns to the home.

If you aren't sure that a change should be reported, contact your eligibility worker. If you receive aid for which you are not eligible, you will have to repay it.

### What You Have to Do:

- Fully complete the attached form.
- Attend an interview with your eligibility worker: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ On: \_\_\_\_\_ At: \_\_\_\_\_
- Bring the following documents with you: \_\_\_\_\_

I certify that during the redetermination interview I was again informed of my rights and responsibilities as stated above, and am aware of the possibilities of criminal penalties for making false statements or failing to report information or situations which may affect my eligibility or aid payment.

Signature of Recipient or Caretaker Relative	Date	Signature of Spouse or Other Parent	Date
--	------	-------------------------------------	------

I certify that during the redetermination interview I again informed the applicant or recipient of his or her rights and responsibilities as stated above and of the possibilities of criminal penalties for making false statements or failing to report information or situations which affect his or her eligibility or aid payment.

Signature of EW	EW Number	Date
-----------------	-----------	------

NOTE: The phrase, "you or your family", used in the questions means all persons for whom you receive aid. It also means the aided children's parents, stepparents and your spouse if living in the home.

PLEASE PRINT — USE BLACK INK

COUNTY USE ONLY	
DATE CA 20 RECEIVED _____	
CASE NUMBER _____	
CASE NAME _____	
DEPRIVATION: <span style="float: right;"><input type="checkbox"/> Absence</span> <input type="checkbox"/> Unemp. <input type="checkbox"/> Death <input type="checkbox"/> Incap. <input type="checkbox"/> Birth Certificate(s) on file <input type="checkbox"/> SSN's on file <input type="checkbox"/> CA 22: <input type="checkbox"/> Yes <input type="checkbox"/> No Completed: _____	
Has FBU changed since last review? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date change reported: _____	
<input type="checkbox"/> WIC Referral _____ <input type="checkbox"/> Continue Special Need Payment _____ <input type="checkbox"/> Verification on File _____	
<input type="checkbox"/> CA 71 _____	
<input type="checkbox"/> School Attendance Verified: _____	
<input type="checkbox"/> Income Changed <input type="checkbox"/> Reported on CA 7 Date Reported: _____	
<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Earned <input type="checkbox"/> Unearned	
Total Amount from last CA 2/CA 20 or CA 7: \$ _____ plus current: \$ _____	
Assets	How Verified
\$ _____	_____
\$ _____	_____
<div style="display: flex; justify-content: space-between;"> <span>\$ _____</span> <span>New Total</span> </div>	

9 Have you or your family acquired any insurance coverage within the past 12 months, such as: Life, Burial, Medical/Health, Dental, Vision, etc? ☐ Yes ☐ No

If Yes, complete the following:

Type of Coverage	Name of Insurance Company	Name of Person(s) Covered	Name of Person Who Pays Premium	Policy Number

10 Do you or your family own or use any motor vehicles? ☐ Yes ☐ No

If Yes, complete the following:

Owner of Vehicle	Name of Person Who Uses Vehicle	Year, Make and Model	License No. and State of Registration	Monthly Payment	Balance Owed
				\$	\$
				\$	\$

11 Have you or your family purchased within the past 12 months personal property which cost at least \$100 for each item? ☐ Yes ☐ No

If Yes, list such things as: Mobile homes, boats, campers, recreational equipment, tools, etc.

Do NOT list: Clothing, rugs, furniture, televisions, or other household furniture.

Name of Item	Date of Purchase	Purchase Price If a Gift, Check (X) Box	Amount Owed
		\$ Gift <input type="checkbox"/>	\$
		\$ Gift <input type="checkbox"/>	\$

12 A. Do you or your family own real property? ☐ Yes ☐ No

If Yes, list all land and buildings (including your house) that you own, have title to or share title in.

Type (Land, House, Apartment, Etc.)	Use (Home, Income, Invest)	Address or Location	Owner(s)	Name of Mortgage Co.	Amount Owed
					\$

12 B. Have you or your family sold, transferred or given away any real or personal property during the past 12 months? ☐ Yes ☐ No

If Yes, complete the following:

Name of Item	Date of Transaction	Amount Received
		\$
		\$

COMPLETE THE REST OF THIS PAGE IN THE PRESENCE OF YOUR ELIGIBILITY WORKER

13 A. Do you or your family want information about: CHDP, Family Planning, Alcohol or Drug Abuse Counseling, Medical Transportation, Special Diet Allowance, etc.? ☐ Yes ☐ No

If Yes, specify: \_\_\_\_\_

13 B. Do you or your family want: CHDP Medical/Dental Services? ☐ Yes ☐ No  
Family Planning Information? ☐ Yes ☐ No

CERTIFICATION

- I certify that I have read the information on the coversheet attached to this form. I am aware of, understand and agree to continue to meet all my responsibilities as described on the coversheet.
- I understand that the statements I have made on this form are subject to investigation and verification.
- I am also aware that my case may be selected for an additional review to ensure that my eligibility was determined correctly.

YOU AND YOUR AIDED SPOUSE OR THE OTHER PARENT OF THE AIDED CHILD(REN) LIVING IN THE HOME MUST SIGN THIS FORM.

COUNTY WHERE SIGNED	DATE	COUNTY WHERE SIGNED	DATE
I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS OF FACT ARE TRUE AND CORRECT		I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS OF FACT ARE TRUE AND CORRECT	
SIGNATURE (OR MARK) OF RECIPIENT OR CARETAKER RELATIVE		SIGNATURE (OR MARK) OF AIDED SPOUSE OR OTHER PARENT	
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR PERSON COMPLETING FORM FOR RECIPIENT		DATE	

COUNTY USE ONLY

Coverage Code: \_\_\_\_\_

HRB 2 Questionnaire

- ☐ Completed  
☐ On File

Total New CSV: \_\_\_\_\_

Class/Value

Less Encumbrance

Net Value

1500 Exemption (IMV Only)

Total Value

Total New Value \$ \_\_\_\_\_

New Total: \_\_\_\_\_

- ☐ Exempt  
☐ Nonexempt

☐ Reported ☐ Yes ☐ No

☐ CHDP Broch./explan. given  
☐ Referred: \_\_\_\_\_

☐ Fam. Plan. info. given  
☐ Referred: \_\_\_\_\_

☐ Other Svcs: \_\_\_\_\_  
☐ Referred: \_\_\_\_\_

Redetermination Summary  
Program requirements met/verified

Yes No

- ☐ Deprivation  
☐ Age  
☐ Pregnancy  
☐ Sponsored Alien  
☐ Residency  
☐ Citizenship  
☐ School  
☐ Work Registration  
☐ Fed. Financial Participation  
☐ Income Within Limits  
☐ Employment/Earnings

☐ Total Real/Personal Property within Limits: \$ \_\_\_\_\_

☐ Real Property Utilization

Comments: \_\_\_\_\_

COUNTY USE ONLY

TERMINATION DETERMINED ON	ELIGIBILITY CONTINUES EFFECTIVE	INELIGIBLE (STATE REASON ACTION)	NEXT DETERMINATION DUE
/ /	/ /		/ /
ELIGIBILITY WORKER SIGNATURE	DATE	EW SUPERVISOR SIGNATURE	DATE